

INTRODUCTION

- Foreign body granuloma is a known complication of dermal filler, most commonly associated with high volume administration, impurities in fillers, or cross reactivity after infection.
- The incidence of foreign body granuloma after filler placement is 0.1-1.0%.
- We present a case of delayed onset foreign body granuloma occurring 5 years after treatment and presenting as an orbital mass.

CASE REPORT

- A 71-year-old female presented with an inferior orbital mass, palpable for 5 months, without associated pain, diplopia or vision change.
- Examination revealed a palpable firm mass along the inferior orbital rim.
- Excisional biopsy through a transconjunctival approach demonstrated a 3.0x0.7cm firm, adherent, contiguous mass (Figures 1 and 2)
- Histopathologic analysis demonstrated foreign material deposition with chronic inflammation and multinucleated histiocytic reaction, consistent with foreign body granuloma.
- Of note, the patient also underwent simultaneous excision of bilateral palpable nodules in the nasolabial folds, with histopathology also consistent with foreign body granulomas.



Figure 1. Intraoperative photograph of the mass in the orbicularis oris plane, with a silk traction suture along the superior aspect of the lesion.



Figure 2. Intraoperative photograph of the excised lesion placed in anatomic position for reference.

CASE REPORT, CONTINUED

- The patient reported treatment with hyaluronic acid filler in the tear trough and nasolabial folds 5 years prior to presentation.
- At 9 months post excision, the surgical site is well healed with no recurrent or new palpable masses present.

CONCLUSION

- This case demonstrates a late onset hyaluronic acid filler-induced foreign body granuloma along the orbital rim and nasolabial folds.
- The simultaneous and multifocal late presentation may support the concept of granulomatous reaction due to a cross-reactive immune process.
- Patients should be counseled on the potential late complications of dermal filler, and foreign body granuloma should remain in the differential diagnosis for patients presenting with similar findings.

DISCLOSURES

Tanuj Nakra, MD is a shareholder of AVYA Skincare, LLC. The authors have no other financial disclosures.

CONTACT

Karen Brown, MD
kbrown@tocaustin.com

